U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440. For Official Use Only

E MM 22/006 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
OMS DY				
1. File Number U - 25055	2. Fiscal Year Covered From:			
	01 /01 /2005 Through: 12 / 31 /2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Leland C Malone Jr.	Name Iron Workers AFL-CIO LU 568			
	Labor Organization File Number 011-428			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street Rt 1 Box 14D	Street 119 South Centre Street			
City Willow Food	113 Pour Centre Priest			
City Wiley Ford	City Cumberland			
State West Virginia ZIPCode+4 26767	State Maryland ZIP Code + 4 21502			
5. Position in labor organization. Financial Secretary				
The state of the s	- Treasurer/Business Manager			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Leland C. Malone	On 03/02/06 (304) 738-3230			
orm LM-30 (2003)	Date Telephone Number			

Name of Person Filing Leland C. Malone, Jr.		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organizat b. Trust X c. Employer	ion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.		
Name Iron Workers Local 568 Health & Welfare Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Room 6 Street 119 South Centre Street	Wages for cle by Judy Malor	erical work ee (spouse)	performed	
	11.b. Approximate dollar value	of such dealing.	# O 4 F O O	
City Cumberland	12.a. Nature of interest held		\$845,00	
State Maryland ZIP Code + 4 21502				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	A A THE THE ADMITTAL AND A STATE OF THE ADMITTAL AND A STA		Contact of the state of the sta	
Trade Name, if any:	100			
P.O. Box, Bldg., Room No., if any	**************************************		Taracan Andrews	
Street	**************************************		with-processory of the state of	
City			CONTRACTOR AND	
State ZiP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	Total Control	0	